

COMMUNICATIONS.

Further Discussion on Dr. Sherman's Paper Published in August Journal.

To the Editor of the State Journal: Flippant and irresponsible remarks uttered in medical societies do not call for an answer; but when they appear in an extensively read journal, it becomes imperative to expose error and illiteracy. In the discussion of Dr. Sherman's recent communication to the San Francisco County Medical Society, I endeavored to call attention to two distinct points: 1st., the necessity of rigorous methods in order to avoid errors in diagnosis from contamination; 2d., the increasing importance of the study of anaerobic bacteria in suppurative conditions. I then suggested and still maintain that to submit a specimen to a long journey prior to subjecting it to culture is not in accord with the precision demanded by modern bacteriologic methods. Dr. Sherman admits "that the appendix was taken from St. Joseph's Hospital, where the operation was done, to St. Luke's Hospital, and sent into the laboratory." He also recognizes the "possibility of contamination." I further remarked that the first indispensable step in all bacteriologic diagnoses consisted in making a smear for direct examination. If no bacteria be found, cultures may be dispensed with. But if, on the contrary, a variety of forms be noted, then each variety must be isolated and studied by means of proper culture media. Had Dr. Halton pursued this well-known laboratory method, all criticism and discussion would have been avoided, for no one denies the pyogenic properties of Friedlander's bacillus.*

In answer to my reference to the silence of American writers concerning anaerobic bacteria, Dr. Halton says: "I think that more attention has been given to the anaerobic bacteria than Dr. Tait realizes, and I also think that the reason this work has not been reported is because of negative results obtained."

As corroborative of my assertion, the following facts may be mentioned: (1) In the index of current medical literature published by the *Journal of the Amer. Med. Assn.*, only two American contributions are found during the past two years and a half. Thomas Brown, (in *New York Medical Journal*), 1901, in the study of 57 cases of cystitis, failed to look for aërobias! (2) The absence of complete bacteriologic diagnostic methods in such learned American institutions as the Johns Hopkins Hospital, the Massachusetts General Hospital, etc. (3) The failure of 85% of applicants at a recent Cal. State Board examination to "name two anaerobes."

No one who has followed the development of bacteriology within the past four years will deny that while the number of practical discoveries is rather limited, the study of anaerobic bacteria has opened up one of the most interesting fields of clinical and pathologic observation. Thanks to the efforts of the French school, the entire history of biliary infections is being rewritten on this basis. (Gilbert, Fournier, Lippman). Belief in the frequency of sterile pus has been shattered; the so-called sterile pus, especially that of hepatic and pleural origin, is now known to frequently contain anaerobes. (Babes, Gilbert, Tavel, Courmont). The clinical study of urinary infections, (Albarran, Hallé); study of etiology of cystitis, (Hartmann and Roger, Legueu); of periurethral suppurations (Cottet) has recently been almost remodeled, and the various peritoneal suppurations (Veillon and Zuber, Tissier, Van Ermengem, Cour-

mont, Klein); empyema, (Veillon, Hallé); diverse cranial infections (Guillemot, Rist, Morax) have also profited immensely by a closer consideration of anaerobes. Hartmann, in his recent original contribution—*Travaux de Chirurgie Anatomoclinique*, 1903—devotes an entire section to the study of anaerobes in cystitis, demonstrating their all-important role. The bacteriologic study of appendiceal pus, circumscribed peritoneal abscesses and general peritonitis, has shown an almost constant predominance of anaerobes over the aërobic bacteria; in numerous cases the anaerobes alone were present. "The later the surgical intervention, the more varied the bacterial flora of appendiceal pus." (Rist, Veillon, Courmont.)

By consulting the files of the *Annales de l'Institut Pasteur*, the *Centralblatt f. Bacteriologie*, reading carefully the reports of learned societies, perusing a few French and German inaugural theses, Dr. Halton will learn that Veillon's work has been both confirmed and vastly added to by a long list of experimenters who demonstrated the pathogenic properties of more than eight anaerobes and illustrated the marked virulence resulting from the association of a harmless staphylococcus with an anaërobe. It will also become apparent that anaerobes are not confined to gangrenous tissues, as claimed by Dr. Halton, but more often found in suppurative processes. (Courmont, Roux, Rist, Guillemot, Gilbert, H. Roger).

If, however, in Dr. Halton's opinion, bibliographic data be inadequate proof, I suggest that a personal inspection of the laboratories of such authorities as Roux and Metchnikoff, at the Pasteur Institute; Travel, at the great Kocher's clinic; Albarran or Gilbert, in the Paris hospitals, would furnish incontrovertible evidence of the incompleteness and unreliability of the methods adopted in the study of Dr. Sherman's case, thus demonstrating my original contention that a dilettante can never be *persona grata* in the field of bacteriologic research.

REFERENCES:

- Veillon et Zuber—*Archives de Med. Exper.* 1898, p. 517. Soc. de Biol. Paris, 1898, 1897. *Bul. International Med. Congress*, Paris, 1900.
Rist—*These*, Paris, 1898. *Bul. sec. med. des. Hop.*, Paris, 1901, p. 463. *Br. Med. Journal*, 1901, p. 1052. *Centrif. Bact.* 1901, p. 287.
Guillemot—*These*, Paris, 1898.
Cottet—*These*, Paris, 1899.
J. Hallé—*These*, Paris, 1898.
Courmont—*Traité de Bacteriologie*, 1902.
Albarran—*Bul. International Med. Congress*, 1900.
Hartmann et Roger—, in *Travaux de Chirurgie anatomoclinique*, Paris, 1903.
Gilbert et Lippman—*Soc. de Biologie*, Paris, 1902-3.

DUDLEY TAIT.

Initial Publication.

To the Editor of the State Journal—Responding to your editorial concerning "Initial Publication," I beg to say that although I have no reason to believe that a paper I read at Santa Barbara on "Tuberculosis of the Peritoneum and Adnexa" will be selected by the committee for publication in the JOURNAL, it is but courtesy to the committee to say that the MS. has been accepted and will be published by the *New York Med. Journal*, but of what date I am unable to tell. Having done much of the editing of the transactions of the society of a distant state in years past, I can readily appreciate the embarrassments of the committee, and it was in ignorance of the custom in California that I did not earlier formally request the privilege of publication elsewhere. While at Santa Barbara I did enquire of the secretary (Dr. Evans) what privilege the contributor had in this instance, but the impression his reply left upon my mind was that it was quite at the election of the contributor.

Very sincerely yours,

ANDREW STEWART LOBINGIER,
Los Angeles, Sept. 5, 1903.

*Pure cultures of Friedlander's bacillus, in peritoneal suppurations, have been reported by several French writers (Villemin, Sec. de Pédiatrie, Paris, June, 190), Courmont, *Traité de Bact.*, Lyon, 1902.